CITY OF ROUND ROCK, TEXAS

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CITY OFFICIAL

FINANCIAL DISCLOSURE STATEMENT FOR THE REPORTING PERIOD

2013 (Year)



This form is required to be completed by every candidate who declares for any office of the City to be filled by election:

This statement is due within fifteen (15) days of the date the candidate declares his candidacy.

This statement is required by Chapter 2, Article III of the Round Rock City Code. Please refer to section 2-120 for specific requirements and to section 2-117 for definition of terms.

Where additional space is required, please attach separate pages.

Please fill in all blanks. If a requested item does not apply, write "N/A."

FINANCIAL DISCLOSURE FOR: 2013

A.	Name of Candidate:	Thesiar Me	Enle
	Office Sought:	Cily Council 1	PLACE 1
	Residence Address:		it Dr.
	ar.	Round Rou	L, TR 78664
	Business Address:	1411 A SAM DOGS	•
		• ***	ExAG 18681
	Telephone Numbers:	•	
	Home:	(512) 244 786	O Company of the comp
	Work:	(517) 246 9201	0
	Cell:	(512) 7979214	1
	Name of Spouse:		
Na	me(s) of all dependent n	ainar children:	Ma
ING	me(s) of an dependent in	mior cimarcii.	
			わ(ひ
Name(s) under which you, your spouse, and/or your dependent minor children do business:			
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1.	Name of Entity: N/A
	Address of Entity's principal place of business:
	Type of Entity (corporation, partnership, etc.):
	Date of existence:
	State of Incorporation (if applicable):
	Names of partners or trustees (if any):
2.	Name of Entity:
	Address of Entity's principal place of business:
	Type of Entity (corporation, partnership, etc.):
	Date of existence:
	State of Incorporation (if applicable):
	Names of partners or trustees (if any):
3.	Name of Entity:
	Address of Entity's principal place of business:
	Type of Entity (corporation, partnership, etc.):
	Date of existence:
	State of Incorporation (if applicable):
	Names of partners or trustees (if any):

3.

D.	Identify each person or business entity to whom you, your spouse, or your dependent minor children owe a debt of \$10,000.00 or more, but not including debts owed to persons related within the second degree of consanguinity or affinity and excluding loans to a political campaign which were reported or required by law:		
	1.	Name of person or business entity: ν/μ	
		Address:	
		If repaid during reporting period, date of repayment:	
	2.	Name of person or business entity:	
		Address:	
		If repaid during reporting period, date of repayment:	
	3.	Name of person or business entity:	
		Address:	
		If repaid during reporting period, date of repayment:	
	4.	Name of person or business entity:	
		Address:	
		If repaid during reporting period, date of repayment:	
	5.	Name of person or business entity:	
		Address:	
		If repaid during reporting period, date of repayment:	
	6.	Name of person or business entity:	
		Address:	
		If repaid during reporting period, date of repayment:	
	7.	(attach separate page if necessary)	

1.	Name of source: AUSTIN FABRICATION INC DEA ASHO MECHANICS		
	Name of source: Austin FabricaTION INC DEA ASho Mechanics Source's address: 1411 A SAM GASS RO ROUNDRUKT X 78681		
	Type of entity (if applicable): Job Shop / Machine Shop		
	Date entity came into existence (if applicable):		
	State of incorporation (if applicable): TEXAS		
	Names of partners or trustees (if applicable): TOM STACY.		
2.	Name of source:		
	Source's address:		
	Type of entity (if applicable):		
	Date entity came into existence (if applicable):		
	State of incorporation (if applicable):		
	Names of partners or trustees (if applicable):		
3.	Name of source:		
	Source's address:		
	Towns of autitus (if applicable).		
	Type of entity (if applicable):		
	Date entity came into existence (if applicable):		
	State of incorporation (if applicable):		
	Names of partners or trustees (if applicable):		
1.	(attach separate page if necessary)		

E.

receiv gift, w	fy the donor of each gift of more than one hundred fifty dollars (\$15) ed by you or your spouse or your dependent minor children, including the here such donor has appeared before and requested action of the City Couting period.	ne value of the
1.	Recipient of gift:/ \(\sum_{\lambda} \)	
	Value of gift:	
	Name of source:	
	Address of source:	
	Type of entity (if applicable):	
	Date entity came into existence (if applicable):	
	State of incorporation (if applicable):	-
	Names of partners or trustees (if applicable):	
2.	Recipient of gift:	
	Name of source:	_
	Address of source:	
	Type of entity (if applicable):	-
	Date entity came into existence (if applicable):	-
	State of incorporation (if applicable):	-
	Names of partners or trustees (if applicable):	
3.	(attach separate page if necessary)	

F.

or mo	fy the donor of two or more gifts of an accumulated value of six hundred do ore received by you, your spouse, or your dependent minor children, includi ft, where such donor has appeared before and requested action of the City eporting period.	ng the value of
1.	Recipient of gift: N /s	
	Value of gift:	
	Name of source:	
	Address of source:	
	Type of entity (if applicable):	
	Date entity came into existence (if applicable):	
	State of incorporation (if applicable):	
	Names of partners or trustees (if applicable):	
2.	Recipient of gift:	-
	Value of gift:	-
	Name of source:	-
	Address of source:	
	Type of entity (if applicable):	-
	Date entity came into existence (if applicable):	
	State of incorporation (if applicable):	-
	Names of partners or trustees (if applicable):	
3.	(attach separate page if necessary)	

G.

Н.	subst or m actio who whicl and i	ify all individuals or business entities that (1) you or a business entity in which you have a cantial interest have had business dealings involving one or more transactions of \$500.00 ore each, for a total of \$2,500.00 or more and (2) have appeared before and requested n of the City Council during the reporting period. (Identification shall include individuals have an ownership interest of twenty-five percent (25%) or more in a business entity n you have had business dealings involving \$2,500.00 or more and who appeared before requested some action on the part of the City Council, even though the action does not earn such business entity.)	
	1.	Name of individual or business entity: P /	
		Address:	
		Type of entity (if applicable):	
		Date entity came into existence (if applicable):	
		State of incorporation (if applicable):	
		Names of partners or trustees (if applicable):	
	2.	Name of individual or business entity:	
		Address:	
		Type of entity (if applicable):	
		Date entity came into existence (if applicable):	
		State of incorporation (if applicable):	
		Names of partners or trustees (if applicable):	
	2	(attach congrate page if pagessary)	
	3.	(attach separate page if necessary)	

<u>VERIFICATION</u>

STATE OF TEXAS §		
COUNTY OF WILLIAMSON §		
ted Meng	Notary Public, on this day personally appeared, known to me, and after being duly nd annexed Financial Disclosure for2013 ue and correct.	
	(signature)	
	(print or type name)	
SWORN TO AND SUBSCRIBED TO BEFORE ME on this 26 m day of Felomany, 2014.		
william.	Sem nant	
SARA LEIGH WHITE MY COMMISSION EXPIRES July 11, 2016	Notary Public, State of Texas Printed Name: Sum White	
\$ \ 8	My Commission Expires: July 11, 2016	